



## AUTHORIZATION FOR MOTOR VEHICLE RECORD

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I understand that a Motor Vehicle Record search and inquiry will be made on myself. This information is to be gathered in accordance with the Driver's Privacy Protection Act.

I authorize without reservation, and direct any party or agency contracted in this investigation to furnish the above mentioned information. I hereby further certify that a photocopy of this authorization may be considered as valid as the original.

By signing this authorization, I hereby release and discharge Arrowhead Union High School District, their agents and officers, from any and all claims that may now and in the future arise from or are in any way related to any information obtained during these inquiries.

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Name (signature)

Today's Date

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Name As It Appears On License (print)

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Social Security Number

Date of Birth

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Drivers License Number

State That Issued License

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Sport/Activity

**The Arrowhead Union High School District**

South Campus/District Office • 700 North Avenue • Hartland, WI 53029 • (262) 369-3611 • FAX: (262) 367-7406

North Campus • 800 North Avenue • Hartland, WI 53029 • (262) 369-3612 • FAX: (262) 369-0996

<http://www.ahs.k12.wi.us>